

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/603 819 FILING DATE _____
APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		0				
6		0				
7		1				
8		1				
9		3				
10		0				
11	1					
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TOTAL IND.	3		2			
TOTAL DEP.	25		16			
TOTAL CLAIMS	28		18			